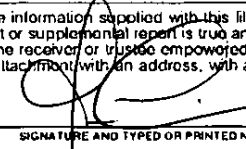


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 28, 2007 8:00 am
Secretary of State

02-12-2007 90109 046 ***150.00

DOCUMENT # P96000027229					
1. Entity Name CRIB 4 LIFE INC					
Principal Place of Business 704 WEST STATE RD. 436 ALTAMONTE SPRINGS FL 32714			Mailing Address 704 WEST STATE RD. 436 ALTAMONTE SPRINGS FL 32714		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-3407366	
				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
LILLO, JAMES 919 SHRIVER CIRCLE LAKE MARY FL 32746			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			State FL Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ Signature, typed or printed name of registered agent and fee is applicable. (NOTE: Registered Agent expires returned when terminated.) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS					
10.1	VP	☐ Delete	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
NAME	LILLO, JAMES	}	11.1	PRESIDENT	☐ Change ☐ Addition
STREET ADDRESS	919 SHRIVER CIRCLE		NAME		
CITY ST ZIP	LAKE MARY FL		STREET ADDRESS		
10.2	P	☒ Delete	11.2	VICE PRESIDENT	☐ Change ☐ Addition
NAME	STANISZEWSKI, MATT	}	NAME	KAREN SWEET	
STREET ADDRESS	919 SHRIVER CIRCLE		STREET ADDRESS		
CITY ST ZIP	LAKE MARY FL		CITY ST ZIP		
10.3		☐ Delete	11.3		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY ST ZIP			CITY ST ZIP		
10.4		☐ Delete	11.4		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY ST ZIP			CITY ST ZIP		
10.5		☐ Delete	11.5		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY ST ZIP			CITY ST ZIP		
10.6		☐ Delete	11.6		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY ST ZIP			CITY ST ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:  JAMES LILLO, PRESIDENT					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					